Stakeholders' perceptions of the effectiveness of Word Aware as an instrument of integration of special educational needs and/or disability (SEND) pupils into a mainstream school

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Abstract

This research reflects the author's work using Word Aware as a speech, language and communication intervention for secondary school pupils in a mainstream school. A mixed method was used to enable pupils, teachers and primary carers to reflect on the perceived effectiveness of the intervention to allow the four pupils involved to access the curriculum and build their confidence in using language skills. There is the recommendation that further research is undertaken to assess whether Word Aware as a language intervention is beneficial to a wider range of pupils and schools as this is a small scale study that cannot be generalised. There is also a suggestion to widen the use of pupils' voice within the context of intervention research that immediately affects their education.

Keywords: language intervention, secondary school, special educational needs, Autism spectrum, Speech and Language Therapy

Introduction

The aim of this paper is to identify how special educational needs (SEN) pupils have been supported within mainstream education through political intervention and implementation of differing models of disability. This leads to a small-scale study to investigate the impact of a language intervention instrument, Word Aware, in a secondary mainstream school setting. The study is of 4 pupils who worked with myself using the intervention of Word Aware from November 2019 – March 2020. They were pupils of a secondary school in year 8 and 9, with speech, language and communication needs, two of whom also registered on the Autism spectrum. The parents and teachers of these 4 pupils were also included in the mixed methods study to investigate their perceptions of the effectiveness of Word Aware in this context.

The political landscape of SEND

Historically there have been a number of political interventions aimed at supporting pupils with SEND needs. The Education Act (1981) focussed on inclusion in schools to enable the child to remain socially integrated within an educational community. In line with this the National Curriculum aimed to ensure parity that the same level and content of information was 'to be taught to pupils of different abilities and maturities during each key stage'. (Education Reform Act (1988): Section 2). Alongside the curriculum were standard key stage assessments that children were expected to pass. Regrettably, this legal requirement of performance related outcomes resulted in 'increasing emphasis on narrow conceptualisations of performance' (Hodkinson,

2019: 109) which disadvantaged SEN pupils. Consequently, this led to suggesting that '...schools academic results have become threats rather than an indication of the need for support', (Hodkinson, 2019: 112) which was counter to the previous policies of inclusion.

An updating of SEND (Special Educational Needs and / or Disabled) provision and the voice of the child and parent was advocated (Tutt & Williams, 2015 :10-12). Lamb (2009) stated 'parents need assurance that they will be engaged in positive dialogue with their child's school…' this was to reinforce the triangulation of the child's experiences and their development. The Education Health Care Plan (EHCP) for the child / young person was designed to 'establish outcomes across educational, care and medical' (Ekins, 2015: 103); so, a more holistic, comprehensive system of planned integration could be implemented that supported both family and child. The EHCP acknowledges the need for additional infrastructure and material support for the individual; however, it does not establish the most effective way to utilise such resources for these children to learn in non-specialist settings.

Models of disability

The medical model assumes that the needs of the individual are biological in nature and can be fixed through medical intervention. The EHCP allows for support on a multiagency basis for an individual child. For example, speech and language therapy (SaLT) from NHS may be required; where, the professional works alongside a school employee (teaching assistant or teacher) through the SENDCO (Special Educational Needs / Disabilities Co-Ordinator) to facilitate the designed intervention (Tutt, 2011: 69).

Law and Nye's (2004) meta-analysis of differing treatments for developmental speech / language delays suggests that 'speech and language therapy may be effective for children with phonological or expressive vocabulary difficulties.' This research fits within the medical model. However, it is noted that within this meta-analysis it was not always possible to make a clear comparison as details like behaviour, socioeconomic status and attention which affect linguistic ability were not described in the original studies.

Warnock (1978) adopted a more flexible concept of SEND that encompasses a wider range of physical, emotional, psychological and communication needs. 'We see special needs as a particular response to the complex needs of an individual child which have been assessed by the appropriate professionals' (Warnock, 1978: 97). In some respects, this is seen as self-limiting by educators as it does not focus on the child as an individual and their strengths (Ekins, 2015: 26-27). However, this more holistic Social Model approach is more inclusive as it focuses on society producing barriers that have direct impact 'through designing everything to meet the needs of the majority of people who are not disabled' (Tutt, 2016: 8).

The Social Model is encapsulated within the Equality Act 2010 which contains a section on Education. 'If a school pupil needs special equipment or help because of their disability the school must provide it if it would not be too much trouble. '(The Equality Act, making equality real: 25). Booth & Ainscow (2002) suggested that inclusive practice should include 'reducing barriers to learning, increasing participation and access to learning, and supporting diversity'. (Ekins, 2016: 6). Greathead (2017) highlights the need for children with speech, language and communication needs (SLCN) to be involved in decisions that affect them, even with their limited vocabulary. He suggests that learning new vocabulary that extends their range and giving opportunities to practice is beneficial as it aids participation in the class activities. The Lamb Inquiry (2009) recommends 'communication and engagement with parents' as a fundamental change from the previous position where parents were told

what would be happening to their child. This reflects the move from a medical model to a social model.

Both these models are flawed in terms of how they define the SEND issue as each ignores the contributing aspects of the other. This had led to a more human rights -based model where 'its purpose is to achieve social change, driven by the importance of adequately valuing people with impairments' (Lawson & Beckett, 2021: 362). In the United Nations Convention of the Rights of the Child (UNCRC (1989); 1992 UK ratified) is Article 12 which relates to the right to be heard and Articles 28 and 29 are the right to education (UNCRC).

Word Aware as a strategy for speech, language and communication needs

Ashcroft (2019) explains how Word Aware was used to support 'oral language and communication skills' across 10 primary academies. Although this was an 'explicit strategy for extending vocabulary' for all pupils they have seen 'positive results for their disadvantaged pupils' with above standard scores. This would suggest that this is an effective intervention strategy within this context and its adoption would give beneficial results when carefully implemented. This is supported by other small scale studies Mule et al. (2015), Lowe et al. (2019) and Wright et al (2018).

An intervention approach within SaLT sessions is the use of the Word Aware STAR process. This is designed for Primary classroom use but can be adapted for any age group and size of group. This is used within the secondary school context as 'communication and language are the best indicators of later attainment' (Branagan & Parsons, 2017). Word Aware as an intervention is based on selecting the required vocabulary and using it in many ways; drawing, defining using a dictionary, using in a sentence or finding synonyms. This can build knowledge and confidence with core curriculum words encountered on an everyday basis through its repetitive use and deep understanding of its definition.
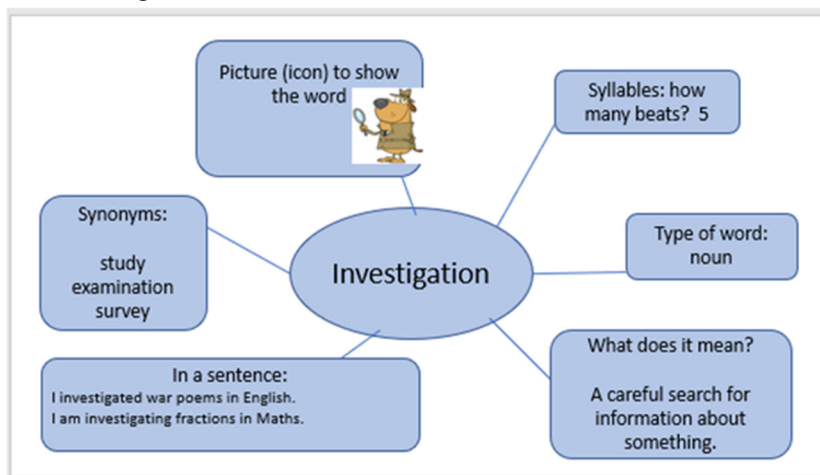

Figure 1: Example of work generated in 1 session using "investigation" as the focus word.

Overall, these studies indicate that increasing depth of understanding of vocabulary through its use are acknowledged as an important factor in a child's ability not only to read, but also to comprehend written language (Duff, 2019). Thus, the use of Word Aware, or similar techniques, as an intervention strategy would appear to be supported within the research field. The previous research has focused on primary aged pupils

and from the perspective of the therapists. The purpose of this study is to consider the extent to which all stakeholders (pupils, parents and teachers) consider this instrument to be effective in supporting the process of integrating SEND learners into mainstream secondary school mainstream education.

Small scale case study: 4 pupils

Method

A mixed method was used with collecting quantitative and qualitative data. The cohort chosen were engaged in a SaLT programme "Word Aware" in which a single word is explored in depth for increased familiarisation and confidence in its use. The number of syllables, dictionary definition, rhyming words, an image to link to visual memory, and use in a sentence are features of the central word that would be explored. The student would have their own copy of this work and they can refer to it in class to support their understanding if they wish. It also becomes a strategy for them to use when new vocabulary is introduced in a subject and they feel less confident.

The study used a Likert style questionnaire with additional open questions to understand the different perspectives of teachers, caregivers, and pupils in relation to the specific Word Aware intervention that the four pupils had for one lesson a week for 11 weeks. These initial 11 sessions included mentoring of myself in delivering the intervention by the school's allocated NHS Speech, Language and Communication therapist. The questionnaires focussed on perceived benefits of word aware in increasing participation of the pupils I the classroom, as a measure of effectiveness; with a question about the logistical restrictions of using timetabled lessons for the intervention. Three questionnaires were developed for the different stakeholders, with the pupil one including visual aids for the Likert questionnaire (see Appendix A). They reflected each other in terms of data collected and used a mix of Likert scale and open questions to provide a range of responses.

The study was scrutinised for ethical issues by the University ethical committee and key lead staff within the school before it was undertaken. A key outcome of the scrutiny was the acknowledgement of the constraints and changes in the working environment due to Covid-19. These changes resulted in the teachers being emailed the questionnaire and the family ones being posted with a pre-paid return envelope. All potential participants were informed that it was voluntary to participate, and that no names would be used in the report to maintain confidentiality. Given the need to maintain confidentiality with a small sample size the results are analysed as an overall pattern rather than reporting individual responses.

The interventions had started early November, and the study was conducted after 11 sessions during the second set of sessions. This gave time for the sessions to be embedded in the participants' routine and for myself to be familiar and confident with implementing the method. I am a teacher, but based on the findings of Law et al (2004) this would have expected impact on the effectiveness of word aware. The four pupils attended one session of 50 minutes a week in pairs based on year group, and as the study progressed were given opportunities to bring their own word to the session to explore. Previously the words had been chosen from a list given by subject staff or from a list of common cross-curricular vocabulary.

The four pupils have a range of language and other needs with two of them also having diagnosed ASD   and one with the additional complication of English not being their first language. I believe these factors made it more important that they were able to get their voice heard within this study. It is also in line with UNCRC article 12, and the proposal by Greathead (2017) that all pupils should be involved in decisions that affect them. Although I do frequently check verbally at regular intervals in the sessions, they had not previously had the opportunity to reflect individually as a

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written response. Due to the Covid-related complications of retrieving the responses only two sets were initially collated. Follow up emails were sent to the others with the questionnaires attached, and a further two pupil's questionnaires and one parent questionnaire was returned. However, the parents focussed on the open questions in their responses.

Pupils' responses

Table 1: summary of pupil responses to the Likert scaled questions.

Question	Very happy	Happy	Neutral	Unhappy	Very unhappy
How do you feel about the intervention sessions that you attend?	1	2	1		
How do you feel about other students' comments about you missing class?		1	3		
How do you feel about missing lessons to attend?	1		1	2	
How do you feel about the care for yourself and your learning from your subject teachers?		3	1		

Nominal data is presented because of the small participant group so the usual scaling of the questionnaire responses were, not undertaken.

In the open question responses all four pupils responded that there were no comments from other students about missing classes; this was an important question as it could affect confidence and attendance choices. It is also why they are mainly neutral about responses are there were none to comment on. However, two of them were unhappy about missing classes themselves and when given the opportunity indicated that they would rather the sessions were placed at lunchtime or after school. This may be more beneficial as the pupils move towards GCSE lessons in year 10, which staff may be keen to them to attend.

Overall, their responses are positive about their experience of the intervention with one writing in response to why do you feel this (happy) "it is quiet and I can learn some words." Another wrote for "do sessions help you in subject classes? "(yes); "I feel this way because I'm learning new words and being brave. Enough to speak." Another for the same section wrote "helps with reading and spellings".

Parents' responses

The three parental respondents highlighted that they felt their child was benefitting from the intervention in their responses to the open question section. One parent noting that their child "speaks or answers questions with more confidence, speaks very politely, uses more high-level vocabulary" ; another that "it helps socially, with reading and language" This would be support for Wright et al (2017) findings that 'older children …can make progress with … intervention focused on vocabulary'. Two parents felt the sessions should be outside timetabled lessons so no class-based education was missed, the other felt that it was more important to consider the routine of the child.

Teacher's responses

Table 2: summary of teacher responses to Likert scaled questions.

Question	Very positive	Positive	Neutral	Negative	Very negative
How helpful do you feel these language based sessions are for this child?		13	1		
How confident would you say this child now is after having had these sessions?	2	8	4		
From your perspective, how engaged do you think this child is in class?		10	4		
From your perspective how engaged is this child with homework?	2	7	4	1	

There were fourteen individual responses from teachers, these covered all pupils and a range of subjects. The responses were tabulated to maintain confidentiality. Overall teachers felt that the sessions are helpful for all the pupils concerned. Most teachers responded that confidence levels had increased for the pupils, similarly for engagement in class. There was a more mixed response to engagement with homework. This may have been due to the ones with ASD struggling with organisation, so not completing work set, or completing to a lower standard. Only one teacher noted that a pupil had spoken to them about the sessions and recorded "said they feel more confident." Three teachers mentioned missing classes, with only one stating they would prefer the sessions to be before or after the usual school day. In a recent Teams conversation one teacher stated that one of the four was actively engaging with work at home and an online resource that required confident use of vocabulary.

The positive changes noted by teachers included: being able to read out loud, asking more questions in class, speaking in front of the whole class with confidence, greater independent learning skills, and more confidence in structuring what they are saying more efficiently. These are all skills that facilitate integration into mainstream educational settings.

Conclusion

Overall, all three groups of participants felt that the Word Aware intervention had a positive role in developing the communication skills and confidence of these pupils. This supports the findings of Lowe et al (2019), in highlighting the importance of continuing vocabulary intervention for pupils in secondary schools to support their learning and integration within the classroom. It could be argued that without this intervention these pupils were at risk of not being able to access the work, and then becoming isolated outside the academic community of school. However, they appear to be more confident and transferring their skills from the sessions into the classroom.

The medical model is still evident within the school context as the pupils' needs are medically diagnosed and supported by the Health system. However, there is a perceived flexibility in the support structures given to children and parents, and a reduction in the barriers which is more reflective of the social model. The study was

embedded in a more rights-based model which investigated the voice of the pupils directly affected by the exclusion from classes to attend intervention, and the language gain to enable inclusion into lessons. To this end, I feel that it has been useful, in that the pupils and parents have been able to reflect on questions of timing and missing lessons. This is an important consideration as they start to prepare for GCSE courses, where the importance of language understanding is paramount and is best learnt within the context of the subject. However, continued extra support to ensure that this learning is consolidated and transferable between subjects will be important.

In conclusion, this is a small study that sits within the wider context of interventions given to support SEND pupils to be able to integrate in schools through accessing the curriculum. The intervention uses a known system for vocabulary support and from the data set shown would appear to be effective for these four pupils. There are issues with the lack of data, due in part to the mitigating circumstances of the time; meaning that a fuller picture cannot be ascertained, so the findings cannot be generalised beyond the pupils within the study. However, it may be beneficial to the school to implement a wider programme of enabling pupils and parents to be able to reflect in this way and inform the development of interventions, so stakeholders are more included in the processes. An outcome of this study is that I will be recommending a move from a pattern of one long session a week to two shorter sessions outside class time. This is not only in line with research on the effectiveness of spaced study but it is an important outcome from the voice of the pupils themselves and will positively affect their learning as they progress to GCSE focused classes. Future research could extend this study by including a wider range of pupils and schools to enable deeper statistical analysis to fully understand the effectiveness of Word Aware as an instrument to enable SEND integration into secondary mainstream education.

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Appendix A

The three questionnaires developed for this study:

Student questionnaire
This questionnaire should only take a few minutes and is voluntary. By completing and returning this questionnaire I am assuming that you are happy for the data to be used. No names are necessary, and there will be no reference made that could identify you. This is to provide confidentiality and anonymity for you.
If you feel you are unhappy completing this that is OK, it is also OK to change your mind and ask for the data not to be used after you have completed it and handed it in.
There will be a summary of any findings made available once it is collated.
Thank you in advance for your support with this.
 Ms. Vaughan

How do you feel about the intervention sessions that you attend?

Very happy   Happy   Neutral   Unhappy
Very unhappy

|_____|_____|_____|_____
|
Please write why you feel this:

Do the sessions help you when you are in subject classes?   Yes / No

Please write / tell me why you feel this:

Do other students make comments about you missing class?   Yes / No

How do you feel about this?

Very happy   Happy   Neutral   Unhappy
Very unhappy

|_____|_____|_____|_____
|

Is there anything you want to add so I understand why you might feel this?

How do you feel about missing lessons to attend?

Very happy   Happy   Neutral   Unhappy
Very unhappy

|_____|_____|_____|_____
|
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Are there any lessons that you would be prepared to miss? Please circle:

English   Maths   Humanities   French / Spanish   Science
Technology   PE   Drama   Dance   Art

If you don't want to miss lessons – when could you have the sessions? Circle when you would like:

Before school   Lunchtime   After school

How do you feel about the care for yourself and your learning from your subject teachers?

Very happy   Happy   Neutral   Unhappy
Very unhappy

|_____|_____|_____|_____
|

Adult questionnaire

This questionnaire should only take a few minutes and is voluntary. By completing and returning this questionnaire I am assuming that you are happy for the data to be used. No names are necessary, and there will be no reference made that could identify you. This is to provide confidentiality and anonymity for you.
If you feel you are unhappy completing this that is OK, it is also OK to change your mind and ask for the data not to be used after you have completed it and handed it in.
There will be a summary of any findings made available once it is collated. Thank you in advance for your support with this.
Ms. Vaughan

How helpful do you feel these language-based sessions are for your child?
Very helpful   Helpful   Neutral   Unhelpful
    Very unhelpful
|_____|_____|_____|_____|

How confident would you say your child now is after having had these sessions?
Very confident   Confident   Same   Unconfident   Very unconfident
|_____|_____|_____|_____|

From your perspective how engaged do you think your child is in classes?
Very engaged   Engaged   Same   Disengaged   Very disen-gaged
|_____|_____|_____|_____|

From your perspective how engaged is your child with homework?
Very engaged   Engaged   Same   Disengaged   Very disen-gaged
|_____|_____|_____|_____|

Overall have you noticed any positive changes since your child has been attending the SALT sessions in school?

             Yes / No

Please describe what these have been (behavioural, speaking, reading…)?

Have you noticed any negative changes since your child has been attending the SALT sessions?

     Yes / No

Please describe what these have been (behavioural, speaking, reading…)?

What, if anything, has your child said positive or negative at home about these sessions?

Are you concerned about your child missing lessons to attend these sessions?

     Yes / No

Please describe your concerns and add if you would rather these sessions happened outside main lesson times (before school, at lunchtime or after school).

Teacher questionnaire

This questionnaire should only take a few minutes and is voluntary. By completing and returning this questionnaire I am assuming that you are happy for the data to be used. No names are necessary, and there will be no reference made that could identify you. This is to provide confidentiality and anonymity for you.

If you feel you are unhappy completing this that is OK, it is also OK to change your mind and ask for the data not to be used after you have completed it and handed it in.

There will be a summary of any findings made available once it is collated. Thank you in advance for your support with this.

Ms. Vaughan

How helpful do you feel these language-based sessions are for this child?

Very helpful   Helpful   Neutral   Unhelpful

     Very unhelpful

    |_____|_____|_____|_____|

How confident would you say this child now is after having had these sessions?

Very confident   Confident   Same   Unconfident   Very unconfident

    |_____|_____|_____|_____|

From your perspective how engaged do you think this child is in classes?

Very engaged   Engaged   Same   Disengaged   Very disengaged

    |_____|_____|_____|_____|

From your perspective how engaged is this child with homework?

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Very engaged Engaged Same Disengaged Very disengaged

|_____|_____|_____|_____|

Overall have you noticed any positive changes since this child has been attending the SALT sessions in school?
  Yes / No

Please describe what these have been (behavioural, speaking, reading…)?

Have you noticed any negative changes since this child has been attending the SALT sessions? Yes / No

Please describe what these have been (behavioural, speaking, reading…)?

What, if anything, has this child said positive or negative to you about these sessions?

Are you concerned about this child missing lessons to attend these sessions?
  Yes / No

Please describe your concerns and add if you would rather these sessions happened outside main lesson times (before school, at lunchtime or after school).